Dear members of the Public Health Committee.

My name is Francesca Maviglia and I am a resident of New Haven. I am a Postgraduate Research Associate at the Yale School of Medicine where I work on HIV prevention research with people who use drugs, in particular opioids. In my work, I'm based at the Yale-operated needle exchange in New Haven, so in addition to conducting research studies, I also help distribute clean syringes and other harm reduction materials to clients of the needle exchange.

I stand in support of H.B. 5430: An Act Concerning Opioids and offer minor suggestions to improve the language of the bill.

I support the first modification to the existing statute included in the bill, which as I understand it would remove from the definition of drug paraphernalia items used to test substances prior to consumption in order to prevent overdose. I welcome this modification as it would decriminalize important overdose prevention resources such as fentanyl testing strips, which are used to detect the presence of fentanyl in a drug supply. As you all know, fentanyl has been increasingly involved in overdose deaths in CT in the last few years, so fentanyl testing strips are an important, low-cost harm reduction intervention. In my work, I often distribute fentanyl testing strips to clients of the needle exchange. The current statute paradoxically criminalizes my clients for trying to take steps to protect themselves from overdose.

Moving forward, I also urge the committee and Connecticut legislators to take steps to decriminalize other kinds of drug paraphernalia, including smoking pipes, which would remain criminalized even if this bill was passed. We have decades of evidence from syringe exchange programs that show that distributing drug paraphernalia does not increase drug use but has a positive effect in reducing the transmission of infections such as HIV and Hepatitis. While Connecticut took the important step of decriminalizing the possession of syringes a couple of decades ago, we still need to do the same for other kinds of paraphernalia. Clean smoking pipes, for instance, are important to prevent the transmission of Hepatitis B & C through sharing of pipes, and now during the current COVID-19 pandemic, they are also important to reduce the spread of COVID. At the Yale needle exchange, we distribute pipes to our clients because we want to keep them safe from these diseases, but when our clients risk facing arrest for carrying harm reduction material such as pipes, our efforts to help them are hindered.

I also urge the committee to eliminate from the bill language that describes substance use disorder as "abuse", which is used repeatedly in the text of the bill. The first step to combat drug-related harm and fight the opioid crisis is destignatizing drug use and making people who use drugs feel like they can access health services without being dehumanized or treated like inferiors. The expression "drug abuse" has a negative connotation and reinforces the stigma around drug use. The correct scientific expression for problematic drug use is "Substance Use Disorder" as defined by the DSM 5. Laws and state agency communications should use science-based, public health terminology and avoid stigmatizing language.

In summary, I support H.B 5430 and I ask the committee to support and pass this legislation with modifications to replace stigmatizing language with public health and science-

based terminology. I also encourage further steps in the future to expand the decriminalization of drug paraphernalia.

Sincerely, Francesca Maviglia